© 09hr_SC-PHSILTCJC_Appt_Surprise_pt01

Details: James Surprise

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Public Health, Senior Issues, Long-Term Care, and Job Creation (SC-PHSILTCJC)

COMMITTEE NOTICES ...

- Committee Reports ... CR
- Executive Sessions ... ES
- Public Hearings ... PH

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... Appt (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... CRule (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (ab = Assembly Bill)
- (ar = Assembly Resolution)
- (air = Assembly Joint Resolution)

- (**sb** = Senate Bill)
- (**sr** = Senate Resolution)
- (sjr = Senate Joint Resolution)

Miscellaneous ... Misc

Senate

Record of Committee Proceedings

Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation

Surprise, James, of Wautoma, as a member of the Board on Aging and Long Term Care, to serve for the term ending May 1, 2013.

January 29, 2009

Referred to Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation.

September 17, 2009

PUBLIC HEARING HELD

Present:

(4) Senators Carpenter, Vinehout, Schultz and

Kapanke.

Absent:

(1) Senator Coggs.

Appearances For

• James Surprise, Wautoma

Appearances Against

• None.

Appearances for Information Only

• None.

Registrations For

- Joan Ballweg, Markesan Rep.
- Luther Olsen, Ripon Sen.

Registrations Against

• None.

Registrations for Information Only

• None.

January 27, 2010

EXECUTIVE SESSION HELD

Present:

(5) Senators Carpenter, Coggs, Vinehout, Schultz

and Kapanke.

Absent:

(0) None.

Moved by Senator Vinehout, seconded by Senator Coggs that **Surprise**, **James** be recommended for confirmation.

Ayes: (5) Senators Carpenter, Coggs, Vinehout, Schultz and Kapanke.

Noes: (0) None.

CONFIRMATION RECOMMENDED, Ayes 5, Noes 0

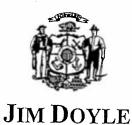
Russell DeLong

Committee Clerk

Vote Record Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation

Date: 1/27 10				
Moved by: Vine how +	Seconded by:	Coggs		
ABSB_		Clearinghouse I	Rule	
AJRSJR		Appointment	James S	wrorise
	24. 84. 44.			
A/S Amdt				
A/S Amdt	to A/S Amdt			
A/S Sub Amdt				
A/S Amdt	to A/S Sub Amdt		••••	
A/S Amdt	to A/S Amdt	to	o A/S Sub Amd	t
Be recommended for: Passage		Concurrence Nonconcurrence		ite Postponement
Committee Member		Aye No) Abser	nt Not Voting
Senator Tim Carpenter,	Chair	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Senator Spencer Coggs				
Senator Kathleen Vineho	out	_ Ø □		
Senator Dale Schultz				
Senator Dan Kapanke		\mathbf{Z}		
	Totals:	<u>5</u> <u>c</u>	<u> </u>	

 Motion	Carried
 	Canna



GOVERNOR STATE OF WISCONSIN

January 2, 2009

Mr. James Surprise P.O. Box 715 Wautoma, WI 54982

Dear Mr. Surprise:

I am pleased to appoint you to the Board on Aging and Long Term Care, effective January 2, 2009. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

Governor

JAMES R. SURPRISE

W6748 Chicago Avenue, PO Box 715 | Wautoma, Wisconsin 54982 | 920-787-2077 (Home) 920-572-3395 (cell) | Jamessurprise@centurytel.net

OBJECTIVE

Committee member for the State of Wisconsin Long Term Care Council

SKILLS PROFILE

- Retired May 2008 as Social Worker after 32 years with Waushara County Department of Human Services
- Long Term Support Social Worker for past 18 years
- Family member of 2 past participants of the Home and Community Based Waivers Program

EMPLOYMENT HISTORY

Social Worker, Waushara County Department of Human Services

1/19/1976 -- 5/30/2008

Wautoma, Wisconsin

- Social Worker for physically disabled adults and elderly participants in the following Long Term Support Programs;
 COP, COP-W, CIP II, Nursing Home Relocations and Diversions, AFCSP, Guardianships, Protective Placements, Elder Abuse
- Past child care certifications, custody studies, child welfare

Boys and Girls Club of Milwaukee

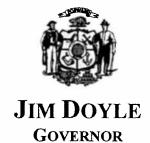
1971 — 1976

Milwaukee, Wisconsin

- Assistant Director SEHER unit
- Managed 5 Full-Time and 30 Part-Time Employees
- In Charge of Programs for Youth 7 18

ACTIVITIES

- Lifetime Membership Coalition of Wisconsin Aging Group
- Participant on the FPCMC Planning Consortium for Long Term Care Reform
- Current Member Klwanis, Wautoma, WisconsIn



GOVERNOR STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME:

James Surprise

MAILING ADDRESS:

P.O. Box 715

Wautoma, WI 54982

E-MAIL ADDRESS:

jamessurprise@centurytel.net

RESIDES IN:

Wautoma, WI

TELEPHONE:

920-787-2077

APPOINTED TO:

Board on Aging and Long Term Care

TERM:

A term to expire May 1, 2013

SUCCEEDS:

Ms. Rose Boron

SENATE CONFIRMATION:

Yes

DATE OF APPOINTMENT:

January 2, 2009

DATE OF NOMINATION:

January 2, 2009





Long-Term Care

State of Wisconsin\Government Accountability Board

Ethics & Accountability Division 44 East Mifflin, Stc. 601 Madison, WI 53703 Phone (608) 266-8123 Fax (608) 264-9319 E-mail: ethics@ethics.state.wi.us



KEVIN J. KENNEDY Director and General Counsel

1/29/2009

Senate Committee Members:

The attached Statement of Economic Interests is provided with regard to the individual's nomination to a State Public Office by Governor Jim Doyle.

Sincerely, STATE OF WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD

Nominee:

Surprise, James

Nomination Date:

1/2/2009

Mail or fax to: Wisconsin Government Accountability Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

	Statement of Economic Interests
Name:	SURIKISE JAMES R (tast name, first name & Initial)
State position:	LONG TERM CARE COUNCIL
(held or sought) FOR EX 800 have qu	(include abancy, division, branch or district, if applicable) PLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD PLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OF VISIT OUR WEISSTE AT INTO/Applica, strips will sestions? For priority service send an entition of the pages set peeded. Attach additional pages set peeded.

Part A

Information current as of

1-2-2009

1. INVESTMENTS.

a) Funds Available in Wisconsin Deferred Compensation Program. These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that program. If you held an investment of \$5,000 or more in any of these funds – either directly or through the program – please check the appropriate box.

	-7-			-7-	one	<u> </u>	-7-0	***
	14,000 to 100,0000	More #44 (80,046		\$54,4000 \$54,4000	More than \$50,000		\$4,004 to 140,000	More than \$60,000
Profile Series		1 - T	Smell Cap			Bond		******
Vanguard Retirement 2045 Fund			BGI Russell 2000 Index Collective T			BGI US Debt Index Fund — Collective W		
Vanguard Retirement 2036 Fund			DFA US Micro Cap Fund			Federated US Government Securities 2-5 Yr.		
Vanguard Retirement 2025 Fund			Niid Cap BGI Mid Cap Equity Index - Collective W			Vanguard Long- Term Investment Grade Adm		
Vanguard Retirement 2016 Fund			T. Rowe Price Mid Cap Growth Fund			Vanguard Admiral Treasury Money Market	/	
Venguard Target Retirement income			Large Cap			Fixed Returns for the Osserter		
Fund			Calvert Social Investment Equity I			Stable Value Fund		
international American Funds Euro Pacific R5			Fidelity Contra Fund	V		FDIC Bank Option		
BGI EAFE Equity Index - Collective W			Vanguard Institutional Index Fund Plus					
			Vanguard Wellington Fund - Admiral					······

b) Other Investments. List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

	Ту	Type of security - "v" one				Amount - "√" one	
Name of security	Stock/ option/ futures	Bond	Limited partnership	Wisconsin governmental security	Mutual or money market fund	\$5,000 to \$50,000	More then \$50,000
NONE							

had an interest (except your principal Local	NATURE OF INTEREST		
	Municipality	i i	(own, lease, option,
Street address or fire number	Or Town	County	essement, land contract)
NONE			

 OFFICERS AND DIRECTORS. List organizations of which you or a family member was an officer or director (unless listed in them #2)

Business or organization	City	5tate	Position
NONE PLOFIT			
RICHFORD CAME CHUB	RICHTORY	WI	BOARD NEILBER

	rs as an attorney-at-law, o	igani, aponasporasti, or	iopresentanto (aja	City	State
Business or organization					
			<u> </u>		
. CREDITORS. List creditors to wh	ich you or your family own	ed \$5,000 or more.			
					* one
·		City	State	\$50,000 or less	More than \$50,000
CHASE BANK	(Hame)	NEENHH	10.11	W 2004	
	(Tarres)	70 - 100			
		1	L		<u> </u>
Oart D			For cale	endar yea	ar can a
Part B	No. morbes 16		7 OF Care	mual yea	All Angelis
EMPLOYERS. List your and your	family's EMPLOYERS (\$	1,000 or more of income	e) in 2007.		
Name of employer (If State of Wisconsin, identify agency or in)	stitution) City	State	Nature of employ	r's business	
AUSHAPA COUNTY	Wim Suepel	(E)			
HUMAN SERVICES	WAATONA	WI SOCIA	4 Walker	POASE.	246R
VALSHANA COUNTY	(KATHERINE S	WEPRUE)			
HUMAN SELVICES	WAGTOMA	W LONG	TEKM SUP	OCT M	GR
0. ADDITIONAL SOURCES OF IN	ICOME. List other sour	ces from which you or y	our family receive	d income of \$1	1,000 or me
in 2007. Source of Income				City	State
SOCIAL SECHETTY	JIM SHEPA	CLOE)		TUMA	WI
		PRICE SIN)		TOMA	WIL
NESCONSIA/ RETIREDA	ENT SYSTEM	ETFORMSUN	gersey Vista	4.049.55	<i>P//</i>
1. ENTERTAINMENT AND GIFTS	3. List individuals and o	rganizations that provid	ed you with entert	ainment or gif	ts (more th
\$50) in 2007,				City	State
	. , -	*			7
Name of provider					
Name of provider AONE 2. HONORARIA AND EXPENSE	S. List, for 2007, sour	ces of honoraria and p	payment of expens	ses related to	
Name of provider	not previously reported to Approximate	the Government Accou	intebility Board.	· · · · · · · · · · · · · · · · · · ·	
Name of provider A ON B 2. HONORARIA AND EXPENSE government duties (more than \$50)	not previously reported to	the Government Accou	intebility Board.	ses related to	
A HONORARIA AND EXPENSE. government duties (more than \$50)	not previously reported to Approximate	the Government Accou	intebility Board.	· · · · · · · · · · · · · · · · · · ·	
A DIN LE A NON LE A NON LE A NO LE	not previously reported to Approximate	the Government Accou	intebility Board.	· · · · · · · · · · · · · · · · · · ·	
A DIN LE A NON LE A NON LE A NO LE	not previously reported to Approximate	the Government Accou	intebility Board.	· · · · · · · · · · · · · · · · · · ·	
Asme of provider NONB 2. HONORARIA AND EXPENSE government duties (more than \$50) Payor NONE Certify that the information contained in	not previously reported to Approximate yalue of expenses In this Statement of Econo	Amount of honorarium	Circumstan	ces of receipt	your state
Name of provider A ON B 2. HONORARIA AND EXPENSE government duties (more than \$50) Payor A N E certify that the information contained is knowledge, information, and belief. In	not previously reported to Approximate yalue of expenses In this Statement of Econo the event this Statement	Amount of honorarium Domic Interests is true, co	Circumstan Circumstan mplete, and correctiled prior my nom	ces of receipt	your state
Payer Certify that the information contained is convicted, information, and belief. In cartify that i will amend it within ten day	Approximate yelue of expenses In this Statement of Econo the event this Statement of systematics of my nomination or app	Amount of honorarium omic Interests is true, co of Economic Interests is pointment date if amend	Circumstan Circumstan mplete, and correctiled prior my norm ment is necessary	cas of receipt It to the best of ination or apport to bring it into	your state
Payer Certify that the information contained is convicted, information, and belief. In the true statement of my economic	In this Statement of Economic of my nomination or applications or applications or applications as a statement of the event this Statement or applications or a	o the Government Account of Amount of Interests is Irue, coof Economic Interests is pointment date if amend of my nomination or appearance of the Government of Amount	Circumstan Circumstan mplete, and correctiled prior my norm ment is necessary	cas of receipt It to the best of ination or apport to bring it into	your state
Payer Certify that the information contained is convicing that it will amend it within ten day with the true statement of my economic	In this Statement of Economic of my nomination or applications or applications or applications as a statement of the event this Statement or applications or a	o the Government Account of Amount of Economic Interests is true, co of Economic Interests is pointment date if amend of my nomination or apport to report.	mplete, and correctiled prior my nomment is necessary pointment. If any page 200 ments are properties and correctiled prior my nomment is necessary pointment.	cas of receipt It to the best of ination or apport to bring it into	your state
Name of provider A DN B 2. HONORARIA AND EXPENSE government duties (more than \$50) Payer A N E I certify that the information contained is knowledge, information, and belief. In certify that I will amend it within ten day with the true statement of my economic	In this Statement of Economic of my nomination or applications or applications or applications as a statement of the event this Statement or applications or a	o the Government Account of Amount of Interests is Irue, coof Economic Interests is pointment date if amend of my nomination or appearance of the Government of Amount	mplete, and correctiled prior my nomment is necessary pointment. If any page 200 ments are properties and correctiled prior my nomment is necessary pointment.	cas of receipt It to the best of ination or apport to bring it into	your state
A/DN/A 2. HONORARIA AND EXPENSE government duties (more than \$50)	In this Statement of Economic of my nomination or applications or applications or applications as a statement of the event this Statement or applications or a	o the Government Account of Amount of Economic Interests is true, co of Economic Interests is pointment date if amend of my nomination or apport to report.	mplete, and correctiled prior my nomment is necessary pointment. If any page 200 ments are properties and correctiled prior my nomment is necessary pointment.	cas of receipt It to the best of ination or apport to bring it into	your state

The information sought in this form is required by §§19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Government Accountability Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.



WISCONSIN STATE LEGISLATURE





Luther S. Olsen

State Senator 14th District

September 14, 2009

To: Members of the Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation

Dear Committee Members:

I would like to formally recommend that you approve James Surprise to the Wisconsin Board on Aging and Long Term Care. I have known James for many years and I believe he would be an excellent addition to the board.

James retired as a social worker from the Waushara County Department of Human Services in 2008 after 32 years. There he provided services for physically disabled and elderly adults in many long term support services including the Community Options Program/Waiver, Nursing Home Relocations and Diversions, CIP II, Guardianships, Protective Placements, and Elder Abuse.

Coupled with his past participation at the Family Partnership Care Management Coalition for Long Term Care Reform, James has also been a lifetime member of the Coalition of Wisconsin Aging Group. I believe that his past experiences and proven dedication to long term care and aging will be a valued resource for the board.

Thank you for taking the time to read this letter and for your consideration of approval of James Surprise to be on the Wisconsin Board on Aging and Long Term Care. If you have any questions, or would like to discuss this matter further, please feel free to contact me.

Sincerely,

Luther Olsen State Senator

14th Senate District